Complete Summary

TITLE

Mental illness: percentage of discharges for members 6 years of age and older who had an ambulatory or intermediate mental health visit on the date of discharge, up to 7 days after hospital discharge.

SOURCE(S)

National Committee for Quality Assurance (NCQA). HEDIS 2006. Health plan employer data & information set. Vol. 2, Technical specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2005. 350 p.

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the Measure Validity page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of discharges for members six years of age and older who were hospitalized for treatment of selected mental health disorders, who were continuously enrolled on the date of discharge through 30 days after discharge (without gaps), and who were seen on an ambulatory basis or were in intermediate treatment with a mental health provider on the date of discharge, up to 7 days after hospital discharge. See the related National Quality Measures Clearinghouse (NQMC) summary of the National Committee for Quality Assurance (NCQA) measure Mental illness: percentage of discharges for members who had an ambulatory or intermediate mental health visit on the date of discharge, up to 30 days after hospital discharge.

RATIONALE

It is important to provide regular follow-up therapy to patients after they have been hospitalized for mental illness. An outpatient visit with a mental health practitioner after discharge is recommended to make sure that the patient's transition to the home or work environment is supported and that gains made during hospitalization are not lost. It also helps health care providers detect early post-hospitalization reactions or medication problems and provide continuing care.

PRIMARY CLINICAL COMPONENT

Mental illness; follow-up care

DENOMINATOR DESCRIPTION

Discharges among members six years of age and older from an inpatient setting of an acute care facility (including acute care psychiatric facilities) with a discharge date occurring on or before December 1 of the measurement year and a diagnosis of a specified mental health disorder (see the "Description of Case Finding" and the "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

An ambulatory follow-up with a mental health practitioner on the date of discharge, or up to 7 days after hospital discharge (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Overall poor quality for the performance measured
Use of this measure to improve performance
Variation in quality for the performance measured

EVIDENCE SUPPORTING NEED FOR THE MEASURE

Dorwart RA, Hoover CW. A national study of transitional hospital services in mental health. Am J Public Health1994 Aug;84(8):1229-34. PubMed

National Committee for Quality Assurance (NCQA). The state of health care quality 2005: industry trends and analysis. Washington (DC): National Committee for Quality Assurance (NCQA); 2005.

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Accreditation
Decision-making by businesses about health-plan purchasing
Decision-making by consumers about health plan/provider choice
External oversight/Medicaid
External oversight/Medicare
External oversight/State government program
Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Managed Care Plans

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses
Physicians
Psychologists/Non-physician Behavioral Health Clinicians
Social Workers

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Age greater than or equal to 6 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

In a single year, more than 40 million adult Americans are affected by one or more mental disorders and 5.5 million are disabled by severe mental illness. Furthermore, at any given time one in five children and adolescents may have a behavioral, emotional, or mental health problem and as many as 3 million young people may have a serious emotional disturbance that disrupts their ability to function at home, school, or in their community.

EVIDENCE FOR INCIDENCE/PREVALENCE

Center for Mental Health Services, National Institute of Mental Health. Manderscheid RW, Sonnenschein MA, editor(s). Mental health, United States, 1992 [DHHS pub no. (SMA)92-1942]. Washington (DC): Department of Health and Human Services Substance Abuse and Mental Health Services Administration; 1992. 298 p.

National Institute of Mental Health, National Advisory Mental Health Council. Caring for people with severe mental disorders: a national plan of research to improve services [DHHS Publication No. ADM91-1762]. Washington (DC): Department of Health and Human Services; 1991.

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

According to the National Institutes of Mental Health, severe mental health disorders presently affect about five million adults and cost the US more than $150 billion per year for treatment, social service, disability payments for lost productivity, and for premature mortality.

Although adequate aftercare does not always prevent re-hospitalization, it does help many to adjust to the challenges of the community. Between 40% and 80% of those hospitalized return at some point. Therefore, adequate follow-up is not expected to eliminate re-hospitalization rates, but is a critical part of the continuum of care for those with mental illness who are discharged from inpatient facilities. Appropriate follow-up care helps to reduce the risk of re-hospitalization for some of these and identifies some in need of re-hospitalization prior to reaching a crisis point.

EVIDENCE FOR BURDEN OF ILLNESS

Boydell KM, Malcolmson SA, Sikerbol K. Early rehospitalization. Can J Psychiatry1991 Dec;36(10):743-5. PubMed

National Institute of Mental Health, National Advisory Mental Health Council. Caring for people with severe mental disorders: a national plan of research to improve services [DHHS Publication No. ADM91-1762]. Washington (DC): Department of Health and Human Services; 1991.

UTILIZATION

In 1994, approximately 1.9 million Americans were discharged from hospitals and other inpatient settings after receiving treatment for mental illness.

EVIDENCE FOR UTILIZATION

Mechanic D, McAlpine DD, Olfson M. Changing patterns of psychiatric inpatient care in the United States, 1988-1994. Arch Gen Psychiatry1998 Sep;55(9):785-91. PubMed

COSTS

Mental illness represented 11.4% of all medical spending in 1990, with total direct expenditures at an estimated $67 billion. Almost 50% of the spending for mental illness went to institutions and short-term hospital care.

EVIDENCE FOR COSTS

National Institute of Mental Health. Psychotherapy finances. Washington (DC): Department of Health and Human Services; 1996.

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Living with Illness
Staying Healthy

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Discharges among members six years of age and older from an inpatient setting of an acute care facility (including acute care psychiatric facilities) with a discharge date occurring on or before December 1 of the measurement year and a

diagnosis of a specified mental health disorder. Members must have been continuously enrolled from the date of discharge through 30 days after discharge (see the "Denominator Inclusions/Exclusions" field).

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Discharges* among members six years of age and older from an inpatient setting of an acute care facility (including acute care psychiatric facilities) with a discharge date occurring on or before December 1 of the measurement year and a principal International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) diagnosis code indicating a mental health disorder as specified in Table FUH-A in the original measure documentation. The managed care organization (MCO) should not count discharges from non-acute care facilities (e.g., residential care or rehabilitation stays).

*Note:

Multiple discharges. A member with more than one discharge on or before December 1 of the measurement year with a principal diagnosis of one of the selected mental health disorders listed in Table FUH-A in the original measure documentation could be counted more than once in the eligible population.

Mental health readmission or direct transfer. If the discharge for a selected mental health disorder is followed by a readmission or by direct transfer to an acute facility for any mental health principal diagnosis within the 30-day follow-up period, only the readmission discharge or the discharge from the facility to which the member was transferred is counted.

Although rehospitalization might not be for one of the selected mental health disorders, it is probably for a related condition. Only readmissions with a discharge date that occurs on or before December 1 of the measurement year are included in the measure. Refer to the original measure documentation for ICD-9-CM codes listed in Table MIP-A.

Denied claims. Denials of inpatient care (e.g., those resulting from members failing to get proper authorization) are not excluded from this measure.

Note. The eligible population for this measure is based on discharges, not members. It is possible for the denominator for this measure to contain multiple discharge records for the same individual.

Exclusions

Exclude from the denominator of this measure:

- Discharges followed by a readmission or a direct transfer to a non-acute facility for any mental health principal diagnosis within the 30-day follow-up period. These discharges are excluded from the measure, because the readmission of the transfer may prevent an ambulatory follow-up visit from taking place. Refer to Table NON-A in the original measure documentation for the definition of non-acute care.
- Discharges in which the patient was directly transferred to or readmitted within 30 days after discharge to an acute or non-acute facility for a non-

mental-health principal diagnosis. These discharges are excluded from the measure, because the readmission of the transfer may prevent an ambulatory follow-up visit from taking place.

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition
Institutionalization

DENOMINATOR TIME WINDOW

Time window follows index event

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions
An ambulatory follow-up with a mental health practitioner on the date of discharge, or up to 7 days after hospital discharge*

*To identify ambulatory follow-up encounters, use the codes listed in Table FUH-B in the original measure documentation.

Exclusions
Unspecified

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative data

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Analysis by subgroup (stratification on patient factors, geographic factors, etc.)

DESCRIPTION OF ALLOWANCE FOR PATIENT FACTORS

This measure requires that separate rates be reported for commercial, Medicare, and Medicaid product lines.

STANDARD OF COMPARISON

External comparison at a point in time
External comparison of time trends
Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Follow-up after hospitalization for mental illness (FUH).

MEASURE COLLECTION

HEDIS® 2006: Health Plan Employer Data and Information Set

MEASURE SET NAME

Effectiveness of Care

DEVELOPER

National Committee for Quality Assurance

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

1997 Jan

REVISION DATE

2005 Jan

MEASURE STATUS

This is the current release of the measure.

This measure updates a previous version: National Committee for Quality Assurance (NCQA). HEDIS 2004. Health plan employer data & information set. Vol. 2, Technical specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2003. 374 p.

SOURCE(S)

National Committee for Quality Assurance (NCQA). HEDIS 2006. Health plan employer data & information set. Vol. 2, Technical specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2005. 350 p.

MEASURE AVAILABILITY

The individual measure, "Follow-up After Hospitalization for Mental Illness (FUH)," is published in "HEDIS 2006. Health Plan Employer Data & Information Set. Vol. 2, Technical Specifications."

For more information, contact the National Committee for Quality Assurance (NCQA) at 2000 L Street, N.W., Suite 500, Washington, DC 20036; Telephone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org.

COMPANION DOCUMENTS

The following is available:

- National Committee for Quality Assurance (NCQA). The state of health care quality 2005: industry trends and analysis. Washington (DC): National Committee for Quality Assurance (NCQA); 2005. 74 p.

For more information, contact the National Committee for Quality Assurance (NCQA) at 2000 L Street, N.W., Suite 500, Washington, DC 20036; Telephone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org.

NQMC STATUS

This NQMC summary was completed by ECRI on June 30, 2003. The information was verified by the measure developer on July 25, 2003. This NQMC summary was updated by ECRI on June 16, 2006. The updated information was not verified by the measure developer.

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